

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

December 17, 2014

Ms. Catherine Amarante, Administrator  
Valley Terrace  
2820 Christian Street  
White River Junction, VT 05001-9822

Dear Ms. Amarante:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 13, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

11/10/14

PRINTED: 11/26/2014  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/13/2014
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VALLEY TERRACE

2820 CHRISTIAN STREET  
WHITE RIVER JUNCTION, VT 05001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 11/13/14. Based on information gathered, the following regulatory violations were cited.	R100	The one staff member in the sample for whom a new background check was not done upon rehire was done immediately (copy enclosed.)	11.13.14
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to retain on file criminal and abuse registry background screenings for one of five employees in the sample. This was confirmed by the Business Manager at 3:00 PM on 11/13/14.	R190	All personal files have been reviewed for compliance.  An updated new-hire and rehire checklist will be developed.	12.1.14  12.13.14
R248 SS=C	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly.  This REQUIREMENT is not met as evidenced by: Based on observation, document review, and staff interview, the home failed to ensure that dishwasher temperatures were monitored consistently for proper sanitization of resident	R248		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6898

TLJW11

If continuation sheet 1 of 3

R190 + R248 FDC's accepted 12/11/14 JHosmerRA/pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/13/2014
NAME OF PROVIDER OR SUPPLIER  VALLEY TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R248	Continued From page 1  dishware. Findings include:  Per observation during the initial kitchen tour on 11/13/14 at 8:55 AM, the dishwasher temperature log for November, 2014 was reviewed. There were multiple recordings of temperatures that were below the recommended level for heat sanitization. Per interview with the cook on duty, staff who serve the residents are also responsible for washing the dishes after a meal, and the kitchen manager was the one responsible for monitoring the dishwasher temperature logs. The kitchen manager was on vacation and unavailable for interview. Per interview at 9:00 AM, the two servers working that day did not know what the proper temperatures were supposed to be to sanitize the dishes, and said they had not been taught what readings should be reported to their supervisor. Per observation of two full cycles of the dishwasher at 9:00 AM, the wash cycle reached 168 D F. during the wash cycle, and 190 D F. during the rinse cycle. Per interview at 9:15 AM, the Head of Maintenance stated that this was a new dishwasher bought eight months ago. The machine settings are such that the cycle will not end for rinsing until the temperature reaches the sanitization level required. The kitchen manager is responsible for monitoring these temperatures as recorded by staff, and if there was a concern about the functioning of the machine that is when maintenance would be contacted. There had been no reports made to maintenance that there was a problem. The Head of Maintenance confirmed that the temperatures did need to be monitored to ensure that the machine was functioning properly and dishes were being sanitized.  Per further review of the temperature logs for August - November 2014, there were many	R248		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/13/2014
NAME OF PROVIDER OR SUPPLIER  VALLEY TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R248	Continued From page 2  entries that fell below the required temperature. In August, out of the 31 days, the recorded temperatures fell below 180 Degrees F on 26 days at breakfast, 21 days at lunch, and 22 days at supper. During September, dishwasher temperatures were recorded below 180 D F. on 24 days at breakfast, 22 days at lunch, and 21 days at supper. There was also one missing day of recorded temperatures on 9/27/14. Per review of October readings, there were missing days on the log. There were no recorded temperatures for 10/5, 10/6, 10/17, 10/18, 10/19, 10/21, 10/22, 10/23, 10/24, 10/27, 10/28, 10/29, 10/30, and 10/31/14. Of the temperatures that were recorded for October, on 10 days at breakfast, 5 days at lunch, and 8 days at supper were below the required level for sanitization. Per my observation of the dishwasher working properly, and the interview with the Head of Maintenance, there was no evidence to suggest that the machine was not working as it was supposed to, and there was also no evidence that there had been any food-borne illness at the home. The two areas of concern in this case were the lack of education to the staff doing dishes, and the kitchen manager not reviewing the temperature logs for any inconsistencies and following up on those.	R248	All dietary and management staff will be trained on the proper procedure for monitoring and recording dishwasher temperatures and what to do if temperatures are not reading per industry standard.  A new dishwasher temperature log form (attached) was created to facilitate compliance.  Kitchen manager will ensure compliance by reviewing dishwasher temperature logs monthly and providing education to new staff.	11.30.14  11.30.14  Ongoing

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

December 17, 2014

Ms. Catherine Amarante, Administrator  
Valley Terrace  
2820 Christian Street  
White River Junction, VT 05001-9822

Dear Ms. Amarante:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 13, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

11/10/14

PRINTED: 11/26/2014  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/13/2014
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VALLEY TERRACE

2820 CHRISTIAN STREET  
WHITE RIVER JUNCTION, VT 05001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 11/13/14. Based on information gathered, the following regulatory violations were cited.	R100	The one staff member in the sample for whom a new background check was not done upon rehire was done immediately (copy enclosed.)	11.13.14
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to retain on file criminal and abuse registry background screenings for one of five employees in the sample. This was confirmed by the Business Manager at 3:00 PM on 11/13/14.	R190	All personal files have been reviewed for compliance.  An updated new-hire and rehire checklist will be developed.	12.1.14  12.13.14
R248 SS=C	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly.  This REQUIREMENT is not met as evidenced by: Based on observation, document review, and staff interview, the home failed to ensure that dishwasher temperatures were monitored consistently for proper sanitization of resident	R248		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6898

TLJW11

If continuation sheet 1 of 3

R190 + R248 FDC's accepted 12/11/14 JHosmerRA/pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/13/2014
NAME OF PROVIDER OR SUPPLIER  VALLEY TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R248	<p>Continued From page 1</p> <p>dishware. Findings include:</p> <p>Per observation during the initial kitchen tour on 11/13/14 at 8:55 AM, the dishwasher temperature log for November, 2014 was reviewed. There were multiple recordings of temperatures that were below the recommended level for heat sanitization. Per interview with the cook on duty, staff who serve the residents are also responsible for washing the dishes after a meal, and the kitchen manager was the one responsible for monitoring the dishwasher temperature logs. The kitchen manager was on vacation and unavailable for interview. Per interview at 9:00 AM, the two servers working that day did not know what the proper temperatures were supposed to be to sanitize the dishes, and said they had not been taught what readings should be reported to their supervisor. Per observation of two full cycles of the dishwasher at 9:00 AM, the wash cycle reached 168 D F. during the wash cycle, and 190 D F. during the rinse cycle. Per interview at 9:15 AM, the Head of Maintenance stated that this was a new dishwasher bought eight months ago. The machine settings are such that the cycle will not end for rinsing until the temperature reaches the sanitization level required. The kitchen manager is responsible for monitoring these temperatures as recorded by staff, and if there was a concern about the functioning of the machine that is when maintenance would be contacted. There had been no reports made to maintenance that there was a problem. The Head of Maintenance confirmed that the temperatures did need to be monitored to ensure that the machine was functioning properly and dishes were being sanitized.</p> <p>Per further review of the temperature logs for August - November 2014, there were many</p>	R248		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/13/2014
NAME OF PROVIDER OR SUPPLIER  VALLEY TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R248	Continued From page 2  entries that fell below the required temperature. In August, out of the 31 days, the recorded temperatures fell below 180 Degrees F on 26 days at breakfast, 21 days at lunch, and 22 days at supper. During September, dishwasher temperatures were recorded below 180 D F. on 24 days at breakfast, 22 days at lunch, and 21 days at supper. There was also one missing day of recorded temperatures on 9/27/14. Per review of October readings, there were missing days on the log. There were no recorded temperatures for 10/5, 10/6, 10/17, 10/18, 10/19, 10/21, 10/22, 10/23, 10/24, 10/27, 10/28, 10/29, 10/30, and 10/31/14. Of the temperatures that were recorded for October, on 10 days at breakfast, 5 days at lunch, and 8 days at supper were below the required level for sanitization. Per my observation of the dishwasher working properly, and the interview with the Head of Maintenance, there was no evidence to suggest that the machine was not working as it was supposed to, and there was also no evidence that there had been any food-borne illness at the home. The two areas of concern in this case were the lack of education to the staff doing dishes, and the kitchen manager not reviewing the temperature logs for any inconsistencies and following up on those.	R248	All dietary and management staff will be trained on the proper procedure for monitoring and recording dishwasher temperatures and what to do if temperatures are not reading per industry standard.  A new dishwasher temperature log form (attached) was created to facilitate compliance.  Kitchen manager will ensure compliance by reviewing dishwasher temperature logs monthly and providing education to new staff.	11.30.14  11.30.14  Ongoing